

# TENNderCARE Connection

## Provision of Medically Related Services in a School Setting

<Insert TODAY'S DATE>

Dear <Insert Managed Care Organization's (MCO) NAME>

According to information provided by the parents/guardians the following child is enrolled in your MCO:

<Insert Child's FULL NAME and DOB here>

This child has an Individualized Education Program (IEP) which lists related services that may be medically related.

<Insert NAME of SERVICE(s) here>

Attached are:

- 1) A copy of the IEP.
- 2) A copy of the signed release of information form.

Please review for the provision of medically related services in a school setting and reply to;

<Insert NAME, TELEPHONE NUMBER, and ADDRESS of  
DESIGNATED SPECIAL EDUCATION CONTACT at Local Education Agency here>